A.P.N. No.:	1320-34-002-034
_	
File No.:	1718056 sa
R	ecording Requested By:
	Stewart Title Company
\	When Recorded Mail To:
Janet S. Blak	ce and Carolyn S. Kapus
4195 Meado	wview Lane
Hydesville, C	A 95547

 DOUGLAS COUNTY, NV
 2022-986384

 Rec:\$40.00
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 06/16/2022 03:03 PM

 STEWART TITLE COMPANY - NV
 KAREN ELLISON, RECORDER

(for recorders use only)

Affidavit of Death of Trustees (Title of Document)

Please complete Affirmation Statement below:

		ording does not co			g any exhibits, hereby iny person or persons.
	-OR-				
\bowtie	I the undersigned	hereby affirm the	at the attached	document, including	any exhibits, hereby
					person or persons as
	required by law: N				
1 -					,
ant	to Horal		Escrow	Officer A55157 <i>ant</i>	-
Signatu	ire 40		Title	/	
Sherry .	Ackermann				
Print Sign	gnature	The same of the sa			

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

THIS DOCUMENT IS EXECUTED IN COUNTERPART

RECORDING REQUESTED BY: Stewart Title Company	
WHEN RECORDED MAIL TO:	
ORDER NO. 1718056 A.P.N. No.: 1320-34-002-034	

AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas } ss.

Janet S. Blake and Carolyn Woods Kapus, formerly known as Carolyn Kapus of legal age, being first duly sworn, deposes and says:

1. That the decedents mentioned in the attached copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant Deed dated January 18, 2011, executed by Wayne M. Woods and Suzanne W. Woods, husband and wife as joint tenants to Wayne M. Woods and Suzanne W. Woods, Co-Trustees of the Woods Family Trust U/D/T January 18, 2011, recorded as Instrument No. 0778037 on February 2, 2011 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada.

The land referred to herein is situated in the State of Nevada, County of Douglas, described as follows:

Lot 2, in Block A, as set forth on the Final Map of SIERRA SUNSET HEIGHTS UNIT NO. TWO, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 20, 1986, Document No. 132396.

- 2. That I am named within the aforementioned trust as Successor Trustee;
- 3. That I hereby consent to act as Successor Trustee of the aforementioned trust and do hereby assume the powers and duties of Successor Trustee of such trust;
- 4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the subject property.

		101	- The state of the
Dated:	June	19	, 2022

The Woods Family Trust u/d/t January 18, 2011 Annet A. Blake, Successor Trustee	-
By: Carolyn S. Kapus, Successor Trustee	
State of Nevada County of Douglas	
Subscribed and sworn to (or affirmed) before me on this	
State of Nevada County of Douglas	
Subscribed and sworn to (or affirmed) before me on this Signature (Seal)	day of, 2022 by

The Woods Family Trust Wort January 18, 2011	
By: Janet A. Blake, Successor Trustee	\ \
Caulya Woods Kapus	
By: Carolyn Woods. Kapus, Successor Trustee Formerly known as Carolyn S. Kapus	$\supset \setminus$
State of Nevada County of Douglas	
Subscribed and sworn to (or affirmed) before me on this day of	, 2022 by
Signature (Seal)	
State of Nevada	
County of Douglas Subscribed and sworn to (or affirmed) before me on this day of	, 2022 by
Signature(Seal)	, 2022 by
	,

CALIFORNIA JURAT

GOVERNMENT CODE § 8202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

PROCESS OF A STATE OF THE PROCESS OF

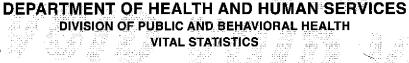
State of California County of Humboldt Subscribed and sworn to (or affirmed) before me on (and (2) <u>/01/</u> Name(s) of Signer(s) proved to me on the basis of satisfactory evidence to KATY M. ROE Notary Public - California be the person(s) who appeared before me. Humboldt County Commission # 2257462 My Comm. Expires Sep 7, 2022 Signature / Signature of Notary Public Place Notary Seal and/or Stamp Above OPTIONAL Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document. **Description of Attached Document** Title or Type of Document: Affidavit - Death of Trustes _____ Number of Pages: ___ Document Date: _

Signer(s) Other Than Named Above: _



CSTAYNE OF NEVADADA

CERTIFICATION OF VITAL RECORD



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	- 6			3 8

CASE F TYPE OR	ILE NO. 4258627 CERTIFICATE OF DEATH	2022001522 STATE FILE NUMBER
PRINTIN	1a, DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) 2: DATI	E OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH
PERMANENT BLACK INK	Marvin Wayne WOODS	January 01, 2022
BLACKINK	3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION Name(I) not either, give street	ar 3e.If Hosp, or Inst. Indicate DOA,OP/Emer. Rm. 4, SEX
DECEDENT	Gardnerville number) 1428 Orchard Rd	Inpatient(Specify):
DECEDENT	5. RACE (Specify) 7a. AGE-Last birthday 7b. UNI	DER 1 YEAR 7c. UNDER 1 DAY 8 DATE OF BIRTH (Mo/Day/Yr)
	White No - Non-Hispanic (Years) MOS	S DAYS HOURS MINS
JF DEATH ∖	9a. STATE OF BIRTH (If not US/CA; 9b: CITIZEN OF WHAT COUNTRY 10 EDUCATION H. MARITAL STATUS (Specification of the country) (digino) (H. Marital Status) (H. Marital S	June 29, 1932 y) 12: SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
F DËATH \ OCCURRED IN INSTITUTION SEE	name country) Idaho United States 6 Widowed) The state of the
MANDEDDK REGARDING	10.00011.00011.0001	KIND OF BUSINESS OR INDUSTRY Ever in US Armed
COMPLETION OF RESIDENCE	7752 124 MANAGER	RETAIL Forces? No
ĮTEMS	15a RESIDENCE STATE 15b COUNTY 15c CITY, TOWN OR LOCATION 15d STREET AN	NO NUMBER 15e INSIDE CITY LIMITS (Specify Yes or No) Yes
, L,	Nevada Douglas Gardnerville 1428 Orch	nard Rd ar Ne) Yes
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) 17. MOTHER/PARENT	- NAME (First Middle Last Suffix)
1 /	Henry WOODS	May HARKER
	18a. INFORMANT- NAME (Type or Print) 18b. MAILING ADDRESS (Street or R.F.D. No.	
	Janet BLAKE 1412 Rabbitbrush	Dr Gardnerville, Nevada 894 10
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME	19c. LOCATION City or Town State
DISFOSITION	/ Cremation Walton's Sierra Crematory	Carson City Nevada 89706
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS 20b. FUNERAL DIRECTOR 20c. NAME AND LICENSE NUMBER	ADDRESS OF FACILITY
1		Walton's Funerals and Cremations
TRADE CALL	TRADE CALL - NAME AND ADDRESS	1521 Church Street Gardnerville NV 89410
TRADE GALL	2 24 To the keet of	
	to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED Signature & Title)	examination and/or investigation, in my opinion death-occurred place and due to the cause(s) stated. (Signature & Title)
OFFICE		
CERTIFIER		D (Mo/Day/Yr) 22e; HOUR OF DEATH
	0.2	
	2 (Type or Print) 2 20. PRONGUNG	ED DEAD (Mo/Day/Yr) 22e, PRONOUNCED DEAD AT (Hour)
	23a, NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR COROL	NER) (Type or Print). 23b. LICENSE NUMBER
	Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703	9114
REGISTRAR	246 REGISTRAR (Signature) DARAN GRISSOM 245 DATE RECEIVED BY RE	EGISTRAR 24c. DEATH DUE TO COMMUNICABLE DISEASE
	SIGNATURE AUTHENTICATED (Mo/Day/Yr) January 2	25, 2022 / YES ☐ NO 💢
CAUSE OF	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	Interval between onset and death
DEATH	PART I (a) Bladder Cancer With Metastasis	
	DUE TO, CRAS A CONSECUENCE OF:	Interval between onset and death
CONDITIONS IF		
GAVE RISE TO IMMEDIATE	DUE TO, OR AS A CONSEQUENCE OF:	Interval between coset and death
CAUSE >	■ 3 - (c) → 1 → 1 → 1 → 1 → 1 → 1 → 1 → 1 → 1 →	
UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF	Interval between onset and death
		e design of the first of the fi
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause g	
	1	Yes of No. REFERRED TO CORONER (Spedfy Yes or No.) No.
	28s. ACC, SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify) 28s. DATE OF INJURY (Mo/Day/Yr) 28s. HOUR OF INJURY 28s. DESCRIBE HOW INJURY	
	26e. INJURY AT WORK (Specify 28f PLACE OF INJURY: At home, farm, street, factory, office 28g, LOCATION	
I NY	Zee. INJURY: AT WORK (Specify P8f. PLACE OF INJURY: At home, farm, street, factory, office 28g. LOCATION	STREET OR R.F.D. No. CITY OR TOWN STATE
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s 1. 1.		water game west tree with the form on a 20 cm.





CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records. 2/4/2022

DATE ISSUED:

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

Lan Jayah

STATE REGISTRAR



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

TO DECEMBER AND AND ADDRESS OF THE PERSON OF	CORPORATE AND MARKET	· · · · · · · · · · · · · · · · · · ·				
1a. DECEASED-NAME (FIRST	,MIDDLE;LAST;SUFFIX)	ANTICLE COMPANY CONTRACTOR OF	M. ////////////////////////////////////	2. DATE OF DEATH (M	lo/Day/Year)	3a. COUNTY OF D
Suzanne W. 86/ CITY, TOWN, OR LOCATIO	NIOE DEATH ISC HOSP	WOODS	W Name/Hart atters on a	December 18	3, 2014	Doug
Gardnerville	IEST DEXITION	1428 Orch		i surecan 3e.ir.Hosp. or Impatient(Spe	cify)	Table Day 15
5 RACE White		6. Hispanic Origin? Specify		7b. UNDER 1 YEAR 70	Home	la patè oc piot
Specify)		No - Non-Hispanic	(Years) 81	MOS DAYS	OURS MINS	June 01
98: STATE OF BIRTH (If not U.S	A, 95 CITIZEN OF	F WHAT COUNTRY 10 EDUC	ATION 11. MARRIED, NE	VER MARRIED, WIDO	WED, 12. SUR	VIVING SPOUSE (M
California 13. SOCIAL SECURITY NUMBE		d States 12	DIVORCED (Spec			Marvin W
6437	H 148 USUAL UI	CCUPATION (Give Kind of Wo	rk Done During Most of Keeper	14b. KIND OF BUSI		
15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN OR		TREET AND NUMBER	nber Store	Force
Nevada	Douglas	Gardne	erville 1428	Orchard Rd.		LIMIT or No
16. FATHER/PARENT - NAME				RENT NAME (First	Middle Last Su	ıffix)
	Cecil WALLAC	111.111 1111.11 1111.1		Aleth	ea BINGHA	
18a. INFORMANT- NAME (Type lane).	or Print)	186. MAILING A	DDRESS (Street or R.F			
98 BURIAL CREMATION RE		() 19b. CEMETERY OR CREA	MATORY - NAME	ldrose Dr. Minden		
Cremat	ion .	Walto	on's Sierra Cremator	y !	19c LOCATION Carsor	City or Town
0a. FUNERAL DIRECTOR - Si	SNATURE (Or Person Ac	ting as Such) 20b. FUNER	RAL DIRECTOF 20c. NAM		ACILITY	Oky 146VEGA
CURT	KOESTLER	LICENSE N	UMBER		unerals and	Cremations
				t although the committee of the committe		
	URE AUTHENTICATI	ED	323	Allerton Control Control	Street Gardne	rville NV 8941
RADE CALL - NAME AND ADD	RESS owledge, death occurred	at the time, date and place and	d due 22a On the b	1521 Church S	r investigation, in n	nville NV 89411
TRADE CALL - NAME AND ADD \$ 21a. To the best of my km b the cause(s) stated:(St \$ 21b. DATE SIGNED (Mo	RESS owledge, death occurred gneture & Title) NITA SCHWART Oey/Yr) 21c.	at the time, date and place and IGNATURE AUTHENTICA IZ M.D. HOUR OF DEATH	d due 22a. On the b	1521 Church \$	r investigation, in n ne cause(s) stated	ny opinion death occ
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DATE ISSUED:

MAR 19 2015

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